

# Meagan McCarthy, M.D.

# Shoulder Arthroscopy:

# Debridement / Sub-Acromial Decompression / Distal Clavicle Resection

## 0-2 weeks post op

- Modalities as needed
- Sling for 3 days
- RC isometrics into flexion, extension, abduction, adduction, IR/ER in neutral
- Scapular ex's elevation with shrugs, depression, protraction, retraction with manual resistance
  - PROM with shoulder pulleys
    - Flexion to 90°
      - Abduction to 90°
      - IR to 90°
      - ER to 45°
- Avoid horizontal adduction stretching for 6 weeks with Distal Clavicle Resection

### 3 weeks post op

- Cont. as above
- Begin AAROM ex's supine or standing with wand or wall walks
- RC ex's IR/ER with T-band or tubing with arm abducted 20-30°

### 4 weeks post op

- Cont. as above
- Advance ROM as tolerated
- Begin isotonics for Core RC strengthening advance the weight on all ex's to 6-8lbs, 5-6 sets of 15-20 reps
  - Flexion with thumb up arm at 90°, flex arm forward fully,12 O'clock position
  - Abduction to 100° with thumb up -- arm at 90° in prone, abduct arm into scapular plane level with body, 2 O'clock position for right handed patients
  - Abduction to 45° with thumb up arm at 90° in prone, abduct arm level with body,
    4 O'clock position for right handed patients
  - Extension with arm at max ER arm at 90° in prone, extend arm to level of body,
    6 O'clock position
  - Scaption to 90° thumb pointing up, elevate arm in plane of scapula (empty can position)
  - Scaption to 60° thumb pointing down, elevate arm same as above but stop at 60°
  - Standing or Side lying ER externally rotate arm in 20-30° abduction (pillow helps with position)
- Begin isotonics for peri-scapular strengthening progress as heavy as tolerated
  - Elevation continue with <u>shrugs</u> vertical motion only do not roll shoulders
  - Depression <u>seated press ups</u> hands at hips flat on floor, elbows locked, lift bottom off floor while moving only from scapulas, (not a dip motion), use hand blocks to increase height

when able

- **Protraction** supine <u>2" punches</u> arm flexed to 90°, elbow locked, motion is from scapula as arm is "punched" forwards, use hand weights, move to <u>push ups with a plus</u> (push up position and perform same movement with body weight) when able
- Retraction <u>prone rows</u> arm at 90°, elbow locked out or bent to 90°, use hand weight and retract scapula pinching them together
- Proprioception ex's rhythmic stabilization, physioball balance ex's etc

#### 6 weeks post op

- Cont. as above
- Full pain free ROM
- Begin conventional weight lifting with machine weights and progress slowly to free weights as desired
- Full ROM isokinetics (throwing wand for throwers) and advance to higher speeds when able

#### 8 weeks post op

- Cont. with strengthening
- Begin interval throwing program if strength test passed

#### Return to Sport/Activity

- When cleared by physician
- Passing strength test if requested
- Completion of throwing program if requested
- NO pain with full ROM (Neer or Hawkins tests (-))